## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Family Ties Adult Residential Care Home	CHAPTER 100.1
Address: 1119 Kahauiki Place, Honolulu, Hawaii 96819	Inspection Date: January 7, 2020 Annual

	Rules (Criteria)	Plan of Correction	Completion Date
$\boxtimes$	NO DEFICIENCIES	NOT APPLICABLE (NA)	NA NA
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